The Pulse

NEWS of the NEW ENGLAND DEACONESS HOSPITAL EMPLOYEES

Volume 5, No. 3 March 1950

Red Cross Helps Deaconess

A Sevenfold Service

Very few of us are aware of the manifold services rendered to our hospital continually by the Red Cross. Examples of this service are set forth below.

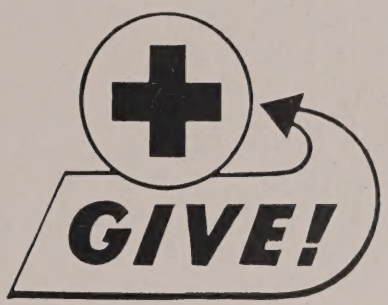
One of our patients, a woman from northern Maine, was in need of daily transportation to and from the convalescent home where she was staying temporarily, while having x-ray treatment at the Deaconess Hospital. She was unable, because of her poor physical condition, to walk up and down subway steps and she could not afford taxi fare. The *Red Cross Motor Corps* gave her daily transportation for four weeks without charge.

It would be hard to operate our Patients' Library without the services of the *Red Cross Gray Ladies,* who visit the patients on the floor with the book-wagon, which contains reading matter of all kinds. They also help in the Palmer Out-Patient Department, weighing patients, dressing them, escorting them to the laboratories, X-ray Department, etc.

During the war, the services of the *Red Cross Nurses Aides* were practically indispensable to us. Were it not for them it would have been virtually impossible for us to furnish adequate service to the sick. We are fortunate in having several of them with us still.

At Christmas each year the *Junior Red Cross* has provided toys and gifts for needy children recommended by our Social Service Department.

The *Red Cross Home Service* has been a wonderful resource to many of our veterans and their families. At the present time, our Social Service Department is actively cooperating with three Red Cross Chapters, one out of state, in



order that help may go to the families of hospitalized veterans.

Some time ago, a widow of fifty spent an entire year as a patient in the Deaconess Hospital and then another year at home as a convalescent. At the end of that time, she came to the hospital to see if she could enter nurses' training because she had been so impressed with the skillful, kindly care that she had received. In view of her age, she could not be accepted, but she was encouraged to enter a *Red Cross Home Nursing Course.* Ever since then, doctors in her community have used her constantly for the home care of many of their patients. Thus, in addition to earning a living for herself, she has brought much needed care to many a person not dependent solely upon the services of a trained nurse.

A young girl named Frances was recently sent to the Deaconess from upper New York State to have a serious operation. She required six transfusions but had no relatives or friends in the greater Boston area to donate blood for her. The *Red Cross New Blood Bank Program* in response to an appeal later restored to the Deaconess the amount which had been used.

In closest cooperation with many of our departments and with quiet efficiency, this useful work goes on all the time.

ANNUAL MEETING

On February 21, the trustees and members of the Corporation gathered for the Annual Meeting of the Corporation. This meeting, which resembles in a sense the yearly "check-up" with the family physician, is an important and interesting occasion. This year, the Deaconess was able to show distinct achievements in a variety of fields.

For example, through the efforts of the professional staff, the hospital stay of the average patient in 1949 was reduced over 1948 by 1.3 days. Accordingly, we were able to accommodate some 631 more patients than in 1948. Thanks to the efficiency of our administrative and service departments, substantial savings were effected, enabling us to purchase some badly needed new equipment and undertake many repairs and replacements. Most significant of all, perhaps, was the fact that our care to patients retained its usual high standard and, to that end, a large sum was spent toward its improvement.

In 1949, we purchased additional property, we refurnished an entire house as a residence for Operating Room personnel, we performed 15,547 x-ray examinations — a new high. There were many other gratifying achievements, but at the same time all was not easy.

It was disclosed at the meeting that the work of most departments had increased ten to fifteen per cent; we rendered free work to patients amounting to something over $100,000; we lost almost $50,000 on Blue Cross patients. Like any other big business, it takes highly skilled management to make ends meet. In fact, few voluntary hospitals today are able to avoid operating at a loss. The members of the Corporation were pleased to learn that in 1949, the Deaconess was in the black.

The Pulse

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of the
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PUBLIC RELATIONS DEPARTMENT

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THE PULSE GROWS

We hope you will recognize us with our "new look." For five years, news of the hospital — employees, nurses, doctors, friends — has been published in THE PULSE. We consider this a useful project and we expect to continue it.

The main reason for our growth is to enable us to furnish MORE NEWS. At the same time, we shall attempt to produce an exceptionally attractive paper.

Right now, the news of the reporters is being compiled by the newly created Editorial Staff. So far, so good, but the Editorial Staff is eager to enlist the active help of any of you who may possess some writing ability, or any who know of some news items in their department of interest to all of us. We'll do the writing, if you insist, but *please* help us gather the news.

Starting with this issue, we hope to have certain regular features, such as an article by one of our doctors, an editorial, a special story on a different department each month, news of our Nursing Service and the Nursing School. All of these items will appear each month and last, but not least, "Letters to THE PULSE." Our success is up to you. Tell us what you think and we shall strive to meet your pleasure.

Department of the Month

Cell Diagnosis Laboratory

Around the corner on first floor Baker is a sign, *Cell Diagnosis Laboratory.* Every doctor on the staff recognizes the full import of this sign but probably few of the regular employees of the hospital know of the great value of the work done in this laboratory. Margaret Middleton is the principal technician.

Several years ago, Dr. Papanicolaou, while working at New York University, received much publicity as a result of developing a technique for diagnosing some cancers before they had progressed sufficiently to produce normally recognizable symptoms.

Thanks to popular education carried on by the various cancer societies, each one of us knows that the ultimate success in the treatment of cancer is dependent upon how soon after onset the condition is brought to attention.

By a special technique — smearing vaginal secretion on a glass slide and staining the cells on this slide with special dyes — Dr. Papanicolaou was able to detect cancer cells under the microscope. In some cases this indicated the presence of cancer in women who had complained of none of the usual symptoms of a well developed cancer. These fortunate patients were assured of cure through operation or radium treatment which might not have been applied until the cancer had grown to the stage where its presence would have been manifest.

Dr. Shields Warren and Dr. Olive Gates were encouraged by Dr. Joe V. Meigs to carry out a large number of these examinations to ascertain the accuracy of this test. They, accordingly, undertook a special project at Harvard Medical School until a sufficient number of cases had been proved. Miss Middleton was brought here to do this work. Having studied under Dr. Papanicolau, she was admirably qualified.

Once the groundwork had been accomplished and the true value of this test established, the tests were transferred to our hospital. Ever since the work was started here, similar techniques have been applied to other body fluids and cancer of the organs secreting them has occasionally been discovered.

The differences between a cancer cell and one of the normal cells common to these secretions are subtle and call for careful microscopic examination. The study of many cases is necessary before one can call a cell cancerous with any degree of certainty. Once the knowledge is acquired, the results are unbelievably accurate. Consider the case of a lung cancer where the condition was detected by this technique. The lung cancer was so minute that it could not be identified with the naked eye when it was removed in the course of an operation, but it was later discovered to be cancer as a result of microscopic study carried out by the Pathology Department. So small was this cancer that a cure was assured.

The Deaconess can be justly proud in having a *Cell Diagnosis Laboratory,* especially, one operating with such efficiency in combatting cancer.

LETTERS TO THE PULSE

Letter to the Editors:

I understand that the format of THE PULSE is to be changed, starting with the March issue. I take this increase in size to mean a bigger PULSE with more news of the employees and the Hospital.

This is a good thing. Let me extend my best wishes and encouragement to the Editorial Staff and all reporters for the success of their enterprise.

WARREN F. COOK,
Executive Director

Letter to the Editors:

I should appreciate your printing this message in THE PULSE:

My most sincere thanks to: All my friends who so kindly contributed to the beautiful Friendship Bouquet which I received while at the Palmer. To all those who sent me letters, cards, flowers, and gifts — the doctors, the nurses, everyone who helped my stay at the hospital to be a pleasant one — thank you and God bless you.

MISS NANNY C. PETERSON.

TODAY'S CANCER PROBLEM

By WILLIAM A. MEISSNER, M. D.

Cancer is becoming a bigger problem every year. In spite of the fact that millions are being spent for research, the number of deaths from cancer is increasing.

The most important reason for the increase is that people are now living longer. Cancer is principally a disease of middle-aged and older people. In these days, owing to sanitary controls, vaccines, sulfa drugs, better medical and hospital care, most people escape death from tuberculosis, pneumonia and other infections and are living to be older. They are living long enough to get cancer.

The accepted treatments for cancer — surgery, and x-ray (or radium) — are effective treatments only if the disease is caught in its early stages. This means that people must be taught signs and symptoms. Detection and diagnostic centers must be set up, equipped to find cancer before it has gone too far. Doctors must be trained to diagnose the illness correctly before it gets to the incurable stage. Cancer specialists and cancer treatment clinics must provide patients the latest in improved methods of treatment. It means also that research on the basic characteristics of cancer must be supported and carried out.

With the foregoing in mind, it is not surprising that the cancer problem is emphasized at the New England Deaconess Hospital. It is of interest to know that we are particularly well equipped to handle the various phases of such an important problem. One need consider only a few items to illustrate this point. The nursing staff, for example, is specially trained in the care of cancer patients. Facilities for treatment by x-ray and radium are outstanding. Our radium supply is more than sufficient for our own needs and, accordingly, we offer its benefits to many other hospitals. The cancer clinics at Palmer care for over 1,600 persons a year; the entire staff, being interested and cognizant of the cancer problem, does outstanding work in diagnosis and treatment. Frequently, the experience gained by the staff regarding cancer is reported in medical journals as an additional contribution to the understanding of the disease. Much research regarding the basic causes and characteristics of cancer has been carried out not only in the laboratory, but in other departments as well. Evidence of the keen interest of us all in this phase of the question is exemplified by the elaborate plans for a new cancer research building to be erected this year.

With the outstanding facilities we now have and impelled by the interest of our staff, it is small wonder that so many patients have come to the Deaconess for the best in cancer treatment.

PUBLIC HEALTH NOTES

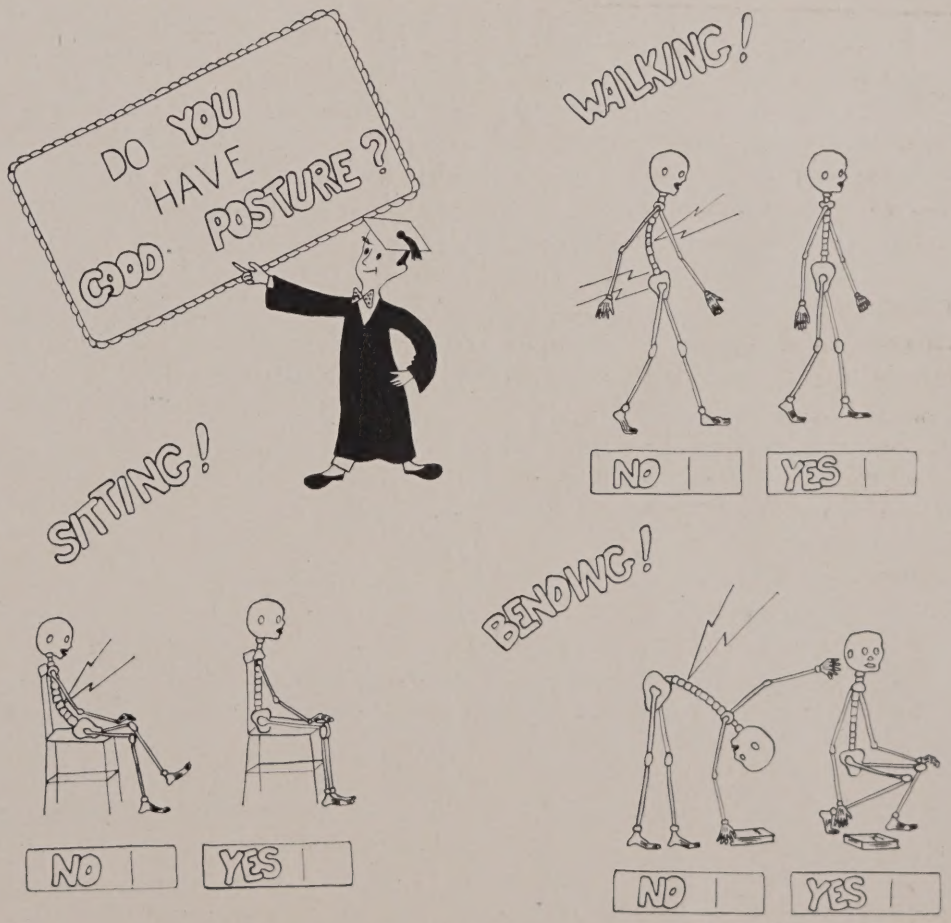
"AS THE TWIG IS BENT — SO IS THE TREE INCLINED"

What Is Good Posture?

Posture is good when alignment of the body favors functioning of the systems with the minimum amount of energy; it is poor when strain is placed upon muscles, joints and ligaments in order to maintain balance. Correct alignment of the body reduces strain and prevents fatigue. Mental alertness and physical vitality are associated with good posture, whereas fatigue and discouragement are often accompanied by poor posture.

Your back forms the support which permits body balance and that, in turn, is the key to good posture and body mechanics. If we have to distort our backs to maintain balance, we soon find ourselves badly handicapped. We then tend to slump into poor posture in order to obtain relief from tired, aching muscles. These careless habits cause undue strain on the back and there is no longer the ease of movement that nature intended. We no longer have that upright, alert, attractive appearance.

Have you developed poor postural habits? If you wish advice, why not come to the First Aid Room?



— *By* MARJORIE R. POND

News of the Nursing Departments

CAPPING

On the evening of Friday, March 17, thirty-eight of our nurses were "capped" at the traditional ceremony.

Capping represents the first big highlight of a nurse's career. It is recognition given by the Faculty to the student who has proved that she is good potential material for a graduate nurse. She has completed six months of a life packed with emotional and intellectual ups and downs. She has proved that she can follow instructions. Probably the most difficult part of this period has been her adjustment to a new way of living; for the average girl of her age has never before encountered the confinements and restrictions of dormitory life, has never had to get along with so many girls for twenty-four hours a day, or been on such a strict schedule as far as her time is concerned. It is small wonder that each girl is proud of her new cap — we congratulate her in recognition of these accomplishments!

We are all accustomed to seeing a nurse with a cap but do we ever stop to consider why she wears it and why there are so many types of caps?

The first may be answered very simply — Florence Nightingale wore a cap. In fact, in her day all ladies wore caps in the house and bonnets out of doors. These caps were frequently ridiculous frills of lace, ribbon, and embroidery. However, the nurse's cap eventually became more or less utilitarian in appearance and served to cover up the hair and keep the appearance neat. The character of the nurse's work demanded that her general attire be designed to aid in rendering more effective service. Thus, the cap, bib and apron became symbolic.

Most nursing schools today have their own particular cap design. It has become a badge of the individual school. Even though hair styles of today have somewhat modified the design of individual caps, one may readily identify those influenced by the era of Florence Nightingale and the plainer ones of Queen Victoria's day.

The original cap of our School of Nursing was the one used at the Massachusetts General Hospital. Early in the twentieth century, however, the Alumnae decided to design a new cap, one which would be unique with the Deaconess. They wanted one which would be simple, easy to care for and attractive. Mrs. Blanche LeGalle Burgess, formerly in charge of the Admitting Office, is credited with creating the present Deaconess cap which was adopted by the Alumnae for this School of Nursing on April 16, 1914.

The cap is worn only by those who have earned it. It symbolizes the dignity and distinction of nursing. In our own case, the cap also represents the ideals and traditions for which the Deaconess stands. Every nurse who is capped pledges loyalty and devotion to her nursing school. Acceptance of the cap is public acknowledgment of the student's will to develop those qualities that make for exemplary nursing.

* * *

On March 16 a tea was held in the Harris Hall living room for the Simmons Instructors. The 1952 Juniors were hostesses. Students and faculty members attended.

* * *

On Easter Sunday morning, a "Devotional Service" will be held on Baker roof at six o'clock. This hour has been set in place of the usual "Sunrise Services" so that nurses having to report for duty at seven o'clock may conveniently attend.

* * *

March was heralded at Deaconess in a unique fashion by the long-sought visit of the representatives of the National Nursing Accrediting Service to our School of Nursing. Since similar visitors were here some five years ago, it was possible for them to make comparisons and note progress in a number of areas. No decision of the Accrediting Service will be available until July when the Board meets and will at that time give its decision as to the rating of our school. We can say, however, that the visit was most profitable.

AUTUMN STREET ONE WAY

The Police Department has recently made Autumn Street a one-way street. Hereafter, be sure to enter Autumn Street only from Deaconess Road. And, above all, don't park your car facing the wrong way!

DEPARTMENTAL NOTES

Engagements

Miss Ruth Harrington, Pathology Laboratory, to Mr. Paul Wenger, Brighton, Massachusetts.

Miss Dorothy Holmquist, Operating Room, to Mr. Norman Pidgeon, Franklin, Massachusetts.

Births

A son, Robert James, to Dr. and Mrs. Cyril Kincaide of Halifax, Nova Scotia, on January 25. Mrs. Kincaide was formerly a technician in Pathology and Dr. Kincaide a recent Fellow in Anesthesia at the Clinic.

Purchasing Department

January was the month that the Purchasing Department relinquished its storeroom at 165 Pilgrim Road. Due to the lack of space on the premises, we found it a difficult task to restack the supplies in more confining quarters. We hope to increase our efficiency by the new centralization of space in the department.

Solution Room

Elizabeth "Muffett" James and Constance "Connie" Aery left on March 3 for Houston, Texas, via New York and Washington, in their beautiful new Dodge. Before their departure a *bon voyage* party was given at the Riverway House, February 13, by the Intravenous Nurses.

Operating Room

The Operating Room Staff will miss one of its liveliest members — Harriet Lovett. Everyone wishes her lots of luck in her new job.

RED CROSS COLLECTION

The annual collection on behalf of the Red Cross will commence Tuesday, March 21. Pledge and contribution cards will be distributed by Department Heads. The collection will close Wednesday, April 5. Payroll deductions may be arranged.